



State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary, DHMH

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

Minutes

July 19, 2016

Maryland Behavioral Health Advisory Council Members Present:

Makeitha Abdulbarr, Barbara L. Allen, Barbara J. Bazron, Dori S. Bishop, Karyn M. Black, Kelby Brick, Mary Bunch, Sara Cherico-Hsui, Kenneth Collins, Catherine Drake, The Hon. Addie Eckardt, Lauren Grimes, Elaine Hall, Shannon Hall, Carlos Hardy, Dayna Harris, Virginia Harrison, Japp Haynes, IV, James Hedrick, Jessica Honke for Kate Farinholt (by phone), Michael Ito, Gayle Jordan-Randolph, Joel E. Klein, Sylvia Lawson for Karen Salmon, Susan Lichtfuss, Sharon M. Lipford, The Hon. George Lipman, Dan Martin, Dennis L. McDowell, Randall S. Nero for Stephen T. Moyer, Nick Napolitano for Jonathan Martin, Kathleen O'Brien, Yngvild Olsen, Mary Pizzo, Charles Reifsnider, Keith Richardson, Catherine Simmons-Jones, Ellen M. Weber (by phone), Anita Wells (by phone), John Winslow, Phoenix Woody

Maryland Behavioral Health Advisory Council Members Absent:

Anne Blackfield, Lori Brewster, Laura Cain, Jan A. Desper Peters, Robert Findling, Ann Geddes, Christina Halpin, The Hon. Antonio Hayes, Theresa Lord, The Hon. Dana Moylan Wright, Brandi Stocksdales, Tracey Webb, Kathleen Woell Seifert, Michelle Wojcicki

BHA Staff Present:

Cynthia Petion, Kathleen Rebbert-Franklin, Erik Roskes, Marian Bland, Rachael Faulkner, Robin Poponne, Hilary Phillips, Larry Dawson, Nicolle Birkhead, Thomas Merrick, Richard Ortega, Lori Mannino, Michael Hawkins, Greta Carter

c/o Behavioral Health Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TDD for Disabled – Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

Guests and Others:

Robert Axelrod, Kaiser Permanente;
Lori Rugle, Maryland Center of Excellence on Problem Gambling;
Brian Frazee, Maryland Hospital Association;
Julia Jerscheid, Mid-Shore Consumer Advocate;
Tim Santoni, University of Maryland-Systems Evaluation Center;
Thomas Werner, Community Advocate-Frederick, MD (by phone);
Crista Taylor, Behavioral Health System Baltimore;
Dudley Werner, Consultant (by phone);
Melissa Einhorn, Office of Senator Addie Eckhardt;
Cory Pollock, Forensic Alternative Services Team/Circuit Court Medical Office (FAST/CCMO);
Doris McDonald, Calvert County Health Department, Behavioral Health;
Jordan More, Maryland Department of Legislative Services;
Tracey Myers-Preston, The Maryland Addiction Director's Council;
Cathy Howard, Anne Arundel County Health Department, Behavioral Health;
Denise Cushaney, Netsmart;
Lisa Lowe, Heroin Action Coalition;
Laura Mueller, WIN Family Services Inc.;
Deborah Nelson, Maryland State Department of Education
William Rufenacht, Anne Arundel County Core Service Agency

WELCOME/ADOPTION OF MINUTES:

Council Chair, Yngvild Olsen, M.D., M.P.H., opened the meeting and welcomed all members and guests. The minutes of the May 16 Meeting were approved. The approved minutes will be posted on the Behavioral Health Administration's (BHA) Web site at

<http://bha.dhmh.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx> .

ANNOUNCEMENTS:

- Dr. Olsen announced that The Maryland Society for Addiction Medicine (ASAM) will hold its annual meeting on Saturday, September 17, from 8am to 1:30pm. The keynote speaker will be Dr. Bob DuPont, Institute of Behavior and Health, who will speak on anxiety and working with individuals at risk for Benzodiazepine addiction. It is free and will take place at Osler Hall in the MedChi Building in Baltimore. CMEs will be available for physicians.
- John Winslow announced that filmmaker Greg Williams, who made the film, *Anonymous People*, a feature documentary film about the millions of Americans living in long-term recovery from addiction to alcohol and other drugs, has released a new film titled *Generation Found*. This film addresses innovative recovery efforts for the nation's opioid-dependent youth. The film will be shown on September 21, 2016, on the Eastern Shore in recognition of September being Recovery Month. Event link to movie trailer and tickets may be accessed at: <http://gathr.us/screening/16986> .
- Barbara Allen announced that August 31 is International Overdose Awareness Day which is a global annual event held to raise awareness of overdose and reduce the stigma surrounding substance-related disorders. Events are planned throughout Maryland, including Ellicott City.
- Lauren Grimes highlighted On Our Own of Maryland's (OOOMD) Anti-stigma Project public education campaign known as Distorted Perceptions. This campaign challenges pre-conceived notions about mental illness and addictions. For more information and to view educational campaign materials, please visit its Web site at www.distortedperceptions.org
- Dr. Olsen announced that the U.S. Senate passed the Comprehensive Addictions and Recovery Act (CARA) which provides funding that spans a continuum of addictions services such as enhancement of the prescription drug monitoring program (*PDMP*), prescriber training, Medication Assisted Therapy (MAT), and residential care for women and children. This is the first major federal legislation for addictions passed in 40 years. Advocacy efforts to increase the funding is well underway from major substance-related and behavioral health groups. Dr. Olsen is encouraging those who wish to know more about contacting legislators and other activities to contact her.

DHMH, Deputy Secretary Gayle Jordan-Randolph, M.D.

It was announced that the Deputy Secretary Jordan-Randolph has resigned her position as DHMH Deputy Secretary for Behavioral Health effective 8/16/2016. Dr. Jordan-Randolph will assume her new position with the University of Maryland School of Medicine, Department of Psychiatry, where she will focus on education and training. Dr. Jordan-Randolph highlighted her many roles over the years as a “Transition Agent” from child psychiatry, Crownsville Hospital, Lisa L, to serving the administrations in the offices of Child & Adolescent Services, Medical Director, and Forensic Services to working on behalf of the process of Behavioral Health Integration. She credits her success to the team of stakeholders, advocates, and behavioral health professionals.

Members of the Council thanked her for her support over the years.

Dr. Bazron thanked Dr. Jordan-Randolph for her support as well, and noted that she will continue to support the efforts of BHA through assisting in the process that trains and identifies possible psychiatrists for the behavioral health system. A farewell party was held in her honor.

THE DIRECTOR’S REPORT - Barbara J. Bazron, Ph.D., Executive Director, BHA

BHA Personnel Highlights

As of July 6, Clifton T. Perkins, Maryland’s forensic psychiatric hospital, has a new Chief Executive Officer, John Robison, MBA. Mr. Robison brings a wealth of management and leadership experience from the field of long-term care in the state of Pennsylvania. All state facilities have permanent CEOs.

Kim Leah Bright, M.D. has been selected as the new Medical Director for the Behavioral Health Administration. Dr. Bright is a Board Certified General/Child/Adolescent Psychiatrist and is Buprenorphine certified. Prior to the BHA, she was the Clinical Director at the Springfield Hospital Center. She is very familiar with BHA’s system of care and has worked with many state and local agencies to promote treatment and recovery for both adults and children.

Behavioral Health Integration Updates

- The full transfer of the grant funding process for substance use disorder ambulatory services to the administrative services organization (ASO) will occur by January 1, 2017. As of July 1, 2016, eight counties (Allegany, Carroll, Frederick, Queen Anne’s, Somerset, Wicomico, Worcester counties and Baltimore City) are piloting the grants-management to fee-for-service process with Beacon Health Options, the ASO, assisting. All information collected will be provided to representatives of the local health department officers, the Core Service Agencies (CSAs), the Local Addictions Authorities (LAAs) and the Local Behavioral Health Authorities (LBHAs – LAAs and CSAs combined into one). In preparation for this pilot a survey was conducted several months ago and additional support to further enhance the local jurisdictions’ efforts and role in systems oversight and service capacity, were given to the counties chosen for the pilot.

The development of a geographical map that looks at where providers are located in various parts of the state is part of this process, as well as the creation of a tool kit and a series of spreadsheets and will help the jurisdictions to develop an infrastructure that supports the change to fee-for-service process. Representatives of the eight counties will meet monthly. Lessons learned will be assessed and all jurisdictions in the state will incorporate this process in January of 2017.

Additionally, the Transfer of Funds Working Group is beginning to plan now for the movement of residential substance-related services to a fee-for-service process in one year. Guidance is planned to eliminate barriers and MA is assisting with rate setting and other service utilization elements.

- **Opioid Treatment**

The Opioid Treatment Program Quality Improvement Workgroup presented its updated work plan on July 1, 2016 to the Senate Finance and the House Health and Government Operations committees. Kathleen Rebbert-Franklin, Deputy Director Population-Based Behavioral Health for BHA, said the presentation focused on quality of care and community relations. The Working Group will continue its collaboration with advocates and community stakeholders to address specific areas through the work plan. The Workgroup has held three meetings so far. A final report will be due to this same legislative body on October 1, 2016.

- **Forensic Services Workgroup**

The Forensic Services Workgroup has been charged with developing strategies to address the current hospital capacity issue. This Workgroup brings together a diverse range of stakeholders to address this issue by reviewing the current admissions, discharges, treatment and aftercare processes and identifying specific strategies to enhance the state's capacity to meet the current demand for psychiatric in-patient care for both civil and forensically involved citizens.

Jean Smith, M.D., Facilities Operations and Oversight for BHA, has been assigned to collaborate with the facilities to find ways to discharge individuals who no longer meet the medical necessity for inpatient care but may have medical complications, or need 24 hour supports, or may not have enough monthly finances which remain barriers to their placement in the community. Since March 2016, 44 out of 98 individuals have been able to be placed in the community through the efforts of Dr. Smith and the facility staff. At this time, the state facilities have been able to reduce the number of patients over census since March from approximately 20 to four, as of July 11.

BHA is working with local behavioral health authorities (CSAs, LAAs, and LBHAs to think creatively and to develop more wrap around services and use of flex dollars to assist these individuals toward community integration. There is a need for community partnerships to assist with these issues, as the main problem lies in the difficulties in finding community placements after hospitalization.

The Forensic Services Workgroup will meet a fourth and final time on August 4 from 8-10 am at Maryland Department of Transportation (MDOT) Headquarters. This is an

open meeting and Council members were invited to attend. At the end of August a report will be developed and sent to the DHMH Secretary. Minutes and other information are posted on BHA's Web site. An ongoing group will meet quarterly to carry out the Workgroup's recommendations.

- **Maryland HealthChoice Program 1115 Waiver**

DHMH is proposing to renew Maryland's 1115 HealthChoice demonstration waiver, for a period of three years, January 2017 through December 2019. This waiver, first implemented in 1997 under the authority of Section 1115 of the Social Security Act, is a statewide mandatory managed care program for Medicaid enrollees.

Maryland is seeking expenditure authority under the 1115 Waiver to claim expenditures by the State for substance use disorders (SUD) treatment in non-public Institutes of Mental Diseases (IMDs). Unfortunately, this will most likely not be re-established for mental health services. For more information on Maryland's 1115 HealthChoice Waiver Renewal please access the following DHMH Medicaid website:

<https://mmcp.dhmf.maryland.gov>

Behavioral Health Advisory Council Committee Reports

Please note that all sign-in sheets and minutes should be submitted to Greta Carter or any member of the Council Support Staff.

STANDING COMMITTEES – Permanent committees that meet regularly.

Planning – Dennis McDowell, Chair and Dori Bishop, Co-Chair

The Committee has met to review the BHA draft FY 2017 Behavioral Health Plan, as well as strategies that support the mental health and substance abuse Block Grant applications. Strategies that promote the implementation of BHA's priority areas, such as Data-driven information, Cultural and Linguistic Competence, Expansion of Peer Support, and continued Behavioral Health Integration, were also discussed. The Planning Committee conducted a thorough review of the draft Plan on June 29th and will meet again July 19th to address suggested changes to strategies and formulate final recommendations.

Prevention – Lori Brewster, Chair and Sharon Lipford, Co-Chair

The Committee has been brainstorming to define an approach that comprehensively addresses both promotion of health and wellness as well as prevention. Priorities are mental health, substance-related, suicide prevention, and gambling. Also included among the work of this group is the process of gathering data. A BHA representative from the Office of Epidemiology and Evaluation presented data for 2016 outcomes and as an across the lifespan snapshot. The Committee will continue assessing resources, capacity, and priorities. A formal report will be presented to the Council in January and a needs assessment will be conducted in July 2017.

AD HOC COMMITTEES - Formed, as needed, to address specific duties, needs, or issues as deemed appropriate by the Executive Committee or Council.

Criminal Justice/Forensics – Hon. George Lipman and Kathleen O’Brien, Ph.D., Co-Chairs
Committee members have been focusing on:

- The clarification of the legislation and the existing barriers regarding 8-507, which allows, with the defendant’s consent, the court to commit that defendant for treatment and 8-505 which allows the court, before sentencing, to order DHMH to evaluate a defendant to determine if the defendant is in need of or may benefit from treatment for drug or alcohol addiction
- The impact of barriers faced by individuals eligible for discharge from state facilities, and the reduction of the waiting list for state hospital beds
- Implementation of the Justice Reinvestment Initiative (JRI) that manages and allocates criminal justice populations in a more cost-effective manner, and reinvests savings in strategies that decrease crime, and strengthen neighborhoods.- examining gaps in Maryland’s current substance-related treatment system and evaluate issues around quality of care delivered throughout the State and developing a set of recommendations to submit to Governor

Cultural and Linguistic Competence – Makeitha Abdalbarr, Chair and Kelby Brick, Co-Chair
Committee members have been meeting to discuss the Committee’s charge and are in the process of developing a clear definition of cultural and linguistic competence. Additionally, the members will begin to identify recommendations for a Cultural and Linguistic Competence Strategic Plan.

Lifespan I: Children, Young Adults, and Families – Ann Geddes, Chair and Japp Haynes IV, Co-Chair (reported by Michael Hawkins, BHA)

The Committee members have been brainstorming on a diverse list of issues as it relates to children services and the public behavioral health system of care. Members are in the process of paring down to a set of key initial priorities. MSDE representative has been invited to join and additional members are welcome.

Lifespan II: Adults and Older Adults – Barbara Allen and Phoenix Woody, Co-Chairs
Committee members have received updates from BHA staff on the history of the BHA and the Public Behavioral Health System (PBHS) including the transformation from a grant-funded system to a fee-for-service system. Members are in the process of developing a list of priority concerns including stigma, and also planning future collaborative efforts with the Lifespan I Committee. This group is also looking for additional members.

Certified Community Behavioral Health Clinic (CCBHC) Planning Grant – Kate Farinholt, Chair (Tom Merrick, BHA reporting)

The Maryland Certified Community Behavioral Health Clinic (CCBHC) Planning Grant is a DHMH initiative to establish uniform requirements for MA covered services and payments provided by CCBHCs. It also allows the state to expand and enhance care coordination, in order to improve the care experience of clients. This Committee, on behalf of the Council, will provide oversight of the CCBHC planning, implementation, and certification process.

Committee efforts are a work in progress. Members will have further updates and recommendations for future reporting to the Council on how to support the state to successfully proceed with the grant implementation.

COUNCIL BUSINESS/UPDATES:

- **FY 2017 Behavioral Health Plan**

Dennis McDowell, Co-Chair of the Planning Committee, pointed out that this meeting would historically be the time for Council members to vote to adopt the Planning Committee's review process. However, Council members expressed that, although they recognized the commendable work of the Planning Committee carried on behalf of the Council, they wished to see the final draft for themselves. It was agreed that the draft would be circulated to all Council members with a period of comment extended into August. After that a vote of acceptance for the review process and recommendations will be conducted by email. The future planning process will emphasize input/feedback from members through each of the committees.

- **The Maryland Senate Bill 551 Behavioral Health Advisory Council – Clinical Crisis Walk-In Services and Mobile Crisis Teams – Strategic Plan**

Senate Bill 551 requires the Behavioral Health Advisory Council, in consultation with agencies, health providers, and stakeholders, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available in all jurisdictions 24 hours a day and 7 days a week. The bill specifies requirements for the strategic plan and requires the council to submit an update on the development of the strategic plan in its 2016 Council annual report required by December 31, 2016 and the final Plan as an attachment to the 2017 annual report.

Dr. Olsen explained the decision to have the Executive Committee (consisting of Council officers and Committee Chairs and Co-Chairs) act as a steering committee to support and guide the work of the full Council. Dudley Warner, BHA's Consultant for Crisis Services, will serve as consultant for this project. Mr. Warner provided a brief Power Point (see attachment) that discussed background information, an overview of the crisis response continuum, and distribution charts of what 24-hour crisis services currently exist in Maryland.

Dr. Olsen described some of the elements of the multi-step process that will involve Council input throughout:

- Clarifying standard definitions/scope of these services
- Developing a timeline for the completion of tasks
- Conducting a survey to gather statewide information from CSA/LAA/LBHAs, providers, stakeholders, and others
- Conducting an environmental scan to also see what exists nationally
- Identify issues for the strategic plan
- Looking into funding and sustainability
- Opening the process to public comment and public forums

Dan Martin emphasized the reporting dates and requested that all Committee Chairs/Co-Chairs meet with him and Dr. Olsen briefly at the end of the Council meeting.

- **Discussion of Council Attendance Policy**

Robin Poponne reminded the membership that the year is more than halfway over and that all members are required to attend 50% of the Council meetings during the calendar year (3 out of 6). Members who have not attended 50% so far have been contacted as a courtesy reminder. Governor-appointed members who are unable to attend can request, through DHMH, a waiver from the Governor. All other members must contact the Council and their appointing agent (DHMH Secretary for some) in writing to inform them of any barriers to attendance. If an individual does not attend and is not heard from for the 50%, he or she is considered to have resigned. Phone Conferencing counts as attendance. However, it is important for those who attend by phone to make their presence known so they can be counted as present. Most importantly, please sign in when you attend face-to-face. If you think you may have forgotten feel free to contact Greta Carter.

The meeting was adjourned.